|  |  |   |              |                                |                      |                  |              | Application or Docket Number |                        |        |                |                        |  |  |
|--|--|---|--------------|--------------------------------|----------------------|------------------|--------------|------------------------------|------------------------|--------|----------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECO                                |  |   |              |                                |                      |                  | _            |                              |                        |        |                |                        |  |  |
| Effective October 1, 2003  |  |   |              |                                |                      |                  |              |                              | 10,750827              |        |                |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |              |                                |                      |                  | SMAI<br>TYPE |                              | NTITY                  | OR     | OTHER<br>SMALL |                        |  |  |
| TC   | TAL CLAIMS                                     |   | 9            |                                |                      |                  | RA           | TE                           | FEE                    | 1 1    | RATE           | FEE                    |  |  |
| FOR  |  |   | NUMBER FILED |                                | NUMBER EXTRA         |                  | BASI         | FEE                          | 385.00                 | OR     | BASIC FEE      | 770.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | ്) minus 20= |                                | *                    |                  | X\$ 9=       |                              | OR                     | X\$18= |                |                        |  |  |
| INDEPENDENT CLAIMS   |  |   | ) minus 3 =  |                                | *                    |                  | X43=         |                              |                        | OR     | X86=           |                        |  |  |
| MU   | LTIPLE DEPEN                                   | IDENT CLAIM P                               | RESENT       |                                |                      |                  | ±14          | +145=                        |                        | OR     | +290=          |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |              |                                |                      |                  | TO           |                              |                        | OR     | TOTAL          | 770                    |  |  |
| CLAIMS AS AMENDED - PART II  |  |   |              |                                |                      |                  |              | / \L                         | L                      | 10,,   | OTHER          |                        |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                                |                      |                  | SMA          | ALL I                        | ENTITY                 | OR     | SMALL          |                        |  |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | HIGH<br>NUME<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA | RA           | ΤE                           | ADDI-<br>TIONAL<br>FEE |        | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | *   | Minus        | **                             |                      | =                | xs           | 9=                           |                        | OR     | X\$18=         |                        |  |  |
|  | Independent                                    | *   | Minus        | ***                            |                      | =                | X4:          | 3=                           |                        | OR     | X86=           |                        |  |  |
| ٩  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                |                      |                  | +14          | 5-                           |                        | OR     | +290=          |                        |  |  |
|  |  |   |              |                                |                      |                  |              | OTAL                         |                        |        | TOTAL          |                        |  |  |
|  |  | ADDIT. FEEOH ADDIT. FEE                     |              |                                |                      |                  |              |                              |                        |        |                |                        |  |  |
|  |  | (Column 1)<br>CLAIMS                        |              | (Colur<br>HIGH                 | EST                  | (Column 3)       |              |                              | ADDI-                  |        |                | ADDI-                  |  |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT             |              | NUMI<br>PREVIO<br>PAID         | DUSLY                | PRESENT<br>EXTRA | RA           | ΓΕ                           | TIONAL<br>FEE          |        | RATE           | TIONAL                 |  |  |
|  | Total  | *   | Minus        | **                             |                      | =                | ×\$          | 9=                           |                        | OR     | X\$18=         |                        |  |  |
|  | Independent                                    | *   | Minus        | ***                            | . 01 413.            | =                | X4           | 3=                           |                        | OR     | X86=           |                        |  |  |
|  | FIRST PRESE                                    | NTATION OF MU                               | JETIPLE DEF  | ENDENT                         | CLAIM                |                  | +14          | 5=                           |                        | OR     | +290=          |                        |  |  |
|  |  |   |              |                                |                      |                  |              | OTAL                         |                        |        | TOTAL          |                        |  |  |
|  |  | (Column 1)                                  |              | (Colur                         | mn 2\                | (Column 3)       | ADDIT        | FEE                          | <b>L</b>               | 1      | ADDIT. FEE     |                        |  |  |
| AMENDMENT C  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID  | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA | . RA         | ΓE                           | ADDI-<br>TIONAL<br>FEE |        | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | *   | Minus        | **                             |                      | =                | X\$          | 9=                           |                        | OR     | X\$18=         |                        |  |  |
|  | Independent                                    | *   | Minus        | ***                            | C ( A 12.1           | =                | X4:          | 3=                           |                        | OR     | X86=           |                        |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                |                      |                  | +14          | 5-                           |                        |        | +290=          |                        |  |  |

TOTAL

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.